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2 UNITED STATES DISTRICT COURT
3 EASTERN DISTRICT OF NEW YORK

4 -----x
5 JUNIOR WALKER and TAHERA BULLEN-WALKER, on behalf
6 of themselves and on behalf of their infant
7 children T.W. and N.W.,

8 Plaintiffs,

9 - against -

10 THE CITY OF NEW YORK, STACEY ROBINSON, Caseworker,
11 New York City Administration of Children's Services,
12 in her individual and official capacities, GLADYS
13 WHITE, Supervisor, New York City Administration of
14 Children's Services, in her individual and
15 official capacities, JACQUELINE MCKNIGHT,
16 Assistant Commissioner-Brooklyn, New York City
17 Administration of Children's Services, in her
18 individual and official capacities, SHARON ROGERS,
19 Deputy Director for Brooklyn Field Office,
20 Zone E, New York City Administration of Children's
21 Services, in her individual and official capacities,
22 BURTON LEWIS, Supervisor, New York City
23 Administration of Children's Services, in his
24 individual and official capacities, KAREN
25 SAWYER-BARRO, Supervisor, New York City
Administration of Children's Services, in her
individual and official capacities, NATARSKY
LOUISSAINT, Caseworker, New York City
Administration of Children's Services, in her
individual and official capacities, and JOHN
MATTINGLY, former Commissioner of the New York
City Administration of Children's Services, in his
individual and official capacities,

Defendants.

Civil Action No.: 12-CV-2545(WFK)(MDG)

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April 14, 2014

(Continued.)

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-----x
100 Church Street
New York, New York

April 14, 2014
10:24 a.m.

Deposition of the Defendant SHARON
ROGERS, pursuant to Notice, before Erika
Gunther, RPR, a Notary Public of the State of
New York.

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BY: CHARLES CAREY, ESQ.

1
2 IT IS HEREBY STIPULATED AND
3 AGREED by and between the attorneys
4 for the respective parties herein,
5 that the filing, sealing and
6 certification of the within deposition
7 be waived.

8 IT IS FURTHER STIPULATED AND
9 AGREED that all objections, except
10 as to the form of the question,
11 shall be reserved to the time of the
12 trial.

13 IT IS FURTHER STIPULATED AND
14 AGREED that the within deposition
15 may be sworn to and signed before
16 any officer authorized to administer an
17 oath with the same force and effect as
18 if signed and sworn to before the
19 Court.

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Rogers

A. Yes.

Q. Is there any reason why you would not be able to testify truthfully today?

A. No.

Q. Are you currently taking any medication that you believe affects your ability to tell the truth or to remember things?

A. No.

Q. Okay.

Ms. Rogers, are you currently employed by the City of New York?

A. Yes.

Q. What's your title with the City of New York?

A. Deputy director of operations.

Q. Is that for the Administration for Children's Services?

A. Yes.

Q. For convenience sake, I'm going to be referring to Administration for Children's Services as ACS; is that okay?

A. Yes.

Q. Okay.

Rogers

How long have you been employed
by the City of New York?

A. A while. Twenty -- this year
will be 29.

Q. Okay.

How long have you held the
position of deputy director of operations?

A. Seven years.

Q. Did you hold that position back
in 2009?

A. Yes.

Q. What is your -- what are your
responsibilities and duties as deputy director
of operations?

A. Actually, I'm in charge of a
site. I manage, lead, supervise, develop,
train and ensure that policy and procedures
are followed by staff.

Q. Which site is that?

A. I'm currently at 404 Pine Street.

Q. Okay.

How long have you been at 404
Pine Street?

A. About four years. Three, four

Rogers

years.

Q. Were you at that site in 2009?

A. No.

Q. Which site were you at in 2009?

A. I believe I was at Grant Square.

Q. What was the address of that?

A. Wow, you don't know how much I
move. 19 -- 19 Grant Square, right.

Q. Did you hold the same position of
deputy director of operations at the Grant
Square office?

A. Yes.

Q. What is the function of the
office at 404 Pine Street?

A. I'm not sure what you're asking
me.

Q. Okay.

Does the office at 404 Pine
Street conduct investigations into allegations
of abuse and neglect involving children?

A. Yes.

Q. Did the Grant Square office also
serve that same function?

A. Yes.

Rogers

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Q. During what years were you at the Grant Square office?

A. Between two thousand -- 2008, 2009, approximately that time.

Q. Okay.
How many years were you there for?

A. Between 2008, 2009. I'd say about two years.

Q. Only two years, okay.
Did you have people under your supervision when you were in the Grant Square office?

A. Yes.

Q. How many people did you have under your supervision?

A. I believe it was about one, two, three, four -- about four, five people.

Q. Okay.
What were the titles of those people?

A. Four child protective managers, one assistant.

Q. Okay.

1 Rogers

2 Was the office, during the time
3 that you were deputy director of operations
4 there, divided into units or sectors?

5 A. Yes.

6 Q. What units or sectors was it
7 divided into?

8 A. I'm not sure what you're asking.

9 Q. Did the Grant Square office --
10 during the time that you were deputy director
11 of operations there, was it organized into
12 units?

13 A. Yes.

14 Q. How many units were there?

15 A. I believe there was 12.

16 Q. Okay.

17 Which units --

18 MS. POLIAS: Withdrawn.

19 Q. Which unit or units were involved
20 in investigating allegations of abuse and
21 neglect involving children?

22 A. All of them.

23 Q. Okay.

24 The office was located in
25 Brooklyn; is that correct?

Rogers

A. Yes.

Q. Did it have a specific jurisdiction within Brooklyn?

A. Yes.

Q. What areas or neighborhoods did it cover?

A. Flatbush, East Flatbush. I can't remember the third one. Flatbush, East Flatbush. It's another neighborhood. I can't remember. It might be Crown Heights.

Q. What were the differences between the units --

MS. POLIAS: Withdrawn.

Q. Were there any differences between the functions of the units?

A. No.

Q. They all investigated allegations of abuse and neglect against children; is that correct?

A. Yes, yes.

Q. Did some of them investigate certain types of allegations of abuse and neglect against children that other units did not investigate?

Rogers

A. PD gets everything.

Q. Okay.

A. I mean, there are specialized units, but PD gets everything because of the overflow, so PD gets everything, but you have your specialized units, yes.

Q. What did PD stand for?

A. Protective diagnostic.

Q. Do you recall the names of the child protective managers who were under your supervision when you were in the Grant Square office?

A. Karen Sawyer, Marsha Goodluck. I'm just trying to remember. I move so much. Marva, I can't remember her last name. Marva, Marsha, Karen, James Massey.

Q. Okay.

How many protective diagnostic units were there in the office?

A. I said 12 before.

Q. Okay.

I'm sorry, there was -- all of the units were protective diagnostic?

A. They're called protective

Rogers

diagnostic, but they still have a specialty.

Q. Okay.

Did anyone directly report to the managers in the office?

A. Yes.

Q. Who directly reported to the managers?

A. Supervisors.

Q. At the time in 2009, were there Supervisor I's and Supervisor II's?

A. A few.

Q. But those two titles existed in the office; is that correct?

A. Yes.

Q. Did the Supervisor I report to the Supervisor II?

A. Yes.

Q. Who else reported to the Supervisor II besides the Supervisor I?

A. The caseworkers.

Q. Back in 2009, how was your office informed of allegations of abuse or neglect involving children?

A. My office? I'm not sure what you

Rogers

mean by "my office."

Q. I'm sorry, how was the -- when you were the deputy director of operations of the Grant Square office, how was the Grant Square office informed about allegations of abuse and neglect against children?

A. Through the State Central Registry.

Q. Okay.
Are you familiar with the term ORT?

A. Yes.

Q. What was an ORT back in 2009?

A. I'm sorry?

Q. Okay.

In 2009, what constituted an ORT?

A. I'm not sure what you mean "what constituted."

Q. What is an ORT?

A. It's a report, usually a report of neglect or abuse that comes through the State to the borough offices for investigation.

Q. Was the Grant Square office

Rogers

considered a borough office?

A. Yes.

Q. Are you familiar with the term
zone E?

A. Yes.

Q. Was that a geographical area in
Brooklyn?

A. Yes.

Q. Did the Grant Square office cover
that geographical area?

A. Grant Square is zone E.

Q. The allegations of abuse and
neglect came from the State Central Registry
in the form of an ORT; is that correct?

A. Yes.

Q. When you were in the Grant Square
office, who actually received the ORTs from
the State Central Registry?

A. The applications unit.

Q. Okay.

Did the Grant Square office have
its own applications unit?

A. Yes.

Q. Okay.

1 Rogers

2 What did the applications unit do
3 with the ORT after receiving it?

4 A. They cleared it and made
5 assignments.

6 Q. What do you mean by "cleared it"?

7 A. Usually look at it for history,
8 to see if it's active, and then they assign it
9 to a particular unit.

10 Q. Did each Supervisor II have one
11 unit that he or she supervised?

12 A. Yes.

13 Q. Was that also the case of
14 Supervisor I?

15 A. Supervisor I reported to
16 Supervisor II of a unit.

17 Q. Did a unit consist of a
18 Supervisor II, Supervisor I and caseworkers?

19 A. Yes.

20 Q. How many units did each manager
21 oversee in the office when you were in the
22 Grant Square office?

23 A. It was between three to four.

24 Q. How did the applications unit
25 assign it to a specific unit?

1 Rogers

2 A. It's based on rotation.

3 Q. Okay.

4 Were there any other factors that
5 came into play besides doing it on a rotating
6 basis?

7 A. Only if it was active with them
8 already.

9 Q. Okay.

10 Back in 2009 when you were in the
11 Grant Square office, who actually in the unit
12 received the ORT from the applications unit?

13 A. Either the supervisor or --
14 Supervisor II or the I.

15 Q. What did the Supervisor II or I
16 do with the ORT after receiving it?

17 A. They read it, reviewed it,
18 cleared it and made an assignment, gave
19 directives and had a conference -- conference
20 with the worker before going out in the field.

21 Q. When you say that the supervisors
22 cleared it, what are you referring to with
23 regard to what they did?

24 A. History, criminal history, ACS
25 history, ATS history and then assign it to a

Rogers

worker and have a conference -- preconference.

Q. Okay.

What does ATS stand for?

A. That's usually attendance from the Board of Ed.

Q. Okay.

How did the Supervisor I or Supervisor II assign the case to a caseworker?

A. What do you mean?

Q. Did the Supervisor I or Supervisor II assign cases to caseworkers also on a rotating basis?

A. Yes.

Q. Were there any other factors that came into play that would cause the Supervisor I or Supervisor II to deviate from doing it on a rotating basis?

A. Usually it's based on availability. Might be other things that come into play. I'm not sure. Depends on the supervisor.

Q. Was the experience of the individual caseworkers considered in what cases to assign to each caseworker?

Rogers

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Q. Since you have been at ACS, have there been cases involving fatalities of children?

A. I'm sorry?

Q. Since you've been working with ACS are you aware of any cases where there -- where a fatality of a child has occurred?

A. Yes.

Q. Okay.

When you were at the Grant Square office -- according to your knowledge of ACS policy and procedure while you were at the Grant Square office, could a fatality be assigned to a caseworker who had recently begun?

A. What's recent?

Q. Like within the past year.

A. Yes.

Q. Okay.

After the supervisors assigned the cases to the caseworkers, what happened from there when you were in the Grant Square office?

A. Practice is preconference, then

1 Rogers

2 the worker reviews the case, and sometimes the
3 workers do their own clearances so that
4 they're better informed before they go out in
5 the field. Sometimes, you know, that's what
6 they do. Then they will make phone calls to
7 the source so that they have more information,
8 and then they proceed to the field.

9 Q. Okay.

10 When you were at the Grant Square
11 office, what kinds of things were discussed at
12 the preconference?

13 A. I don't sit in on the
14 preconferences, so I'm not sure.

15 Q. When you were at the Grant Square
16 office as deputy director of operations, what
17 role, if any, did you play in the actual
18 investigations?

19 A. None. Unless something is
20 brought to my attention, none.

21 Q. Okay.

22 Did you do any supervision with
23 regard to the investigations?

24 A. No.

25 Q. Okay.

Rogers

staff and just plug staff into those particular trainings or use the staff that we had on board, like our clinical consultant teams, you know, tap into resources we have available for training needs.

Q. Okay.

Did you hold -- did you hold some training sessions inside the office itself --

A. Yes.

Q. -- for staff?

A. Yes.

Q. Did your office occupy the entire building or only certain parts of the building?

A. Two floors -- three floors. Three floors.

Q. Okay.

Did you have an office manager when you were in the Grant Square office?

A. Yes.

Q. What was the office manager responsible for?

A. Supplies, resources, facilities.

Q. What role did the Supervisor II

Rogers

play in the investigations when you were in the Grant Square office?

A. The Supervisor II is the lead person.

Q. What were their specific responsibilities or duties with regard to investigations?

A. Going back to the beginning, clearing the case, reviewing the history, providing guidance, basically giving the worker the tools that they need to do the investigation and supporting that worker throughout the life of that investigation.

Q. Okay.

What were the responsibilities and duties of the Supervisor I with regard to the investigations when you were in the Grant Square office?

A. Sup I is usually a support to the staff, to CPS when they're overwhelmed or need help or the Sup II, support of the Sup II.

Q. According to your understanding back in 2009 when you were at the Grant Square office, was it the policy at ACS for ACS

Rogers

supervisors to document instructions that they gave to the caseworkers with regard to investigations?

A. Yes.

Q. Were they required to do that in Connections?

A. Yes.

Q. When you were in the Grant Square office, did ACS's policies and procedures apply in your office?

A. Yes.

Q. Okay.

I'm sorry, bear with me for a moment.

According to your understanding back in 2009 while you were at the Grant Square office, what were the caseworkers required to document in Connections about their investigations?

A. I'm not understanding that.

Q. Okay.

What details about their investigations were they required to document in Connections when you were in the Grant

Rogers

Square office?

A. The workers are given a template, a guide, in terms of certain questions to answer, and then they're given guidance from the supervisor or the managers, additional support to that template that's in Connections.

Q. Okay.
Do you recall what that template is called?

A. It's called template.

Q. Okay.
When you were in the Grant Square office, as far as you know, were ACS caseworkers able to make changes to their entries in Connections after entering them?

A. At a certain amount of days in, it would freeze.

Q. How many days did they have to make changes?

A. Then? Now? It might be 14 days, 12 to 14 days. I believe it's 14 days and the note freezes from draft to final.

Q. Did supervisors have the same

Rogers

from school staff in getting the child to speak to that ACS caseworker?

A. Yes.

Q. What types of assistance were they able to get from school staff?

A. It depends on the familiarity with that staff member in the school and that child. If they're familiar with that child, they're usually -- the child is much more comfortable around that person, in terms of speaking.

Q. Were they permitted by ACS policy to ask a member of the school staff to speak to the child and ask the child specific questions that ACS wanted answers to?

A. They can.

Q. I'm still talking about the same time period in 2009 when you were at the Grant Square office. According to your understanding, was it the policy for ACS caseworkers to make observations of children's bodies during an investigation?

A. Yes.

Q. What were they supposed to look

Rogers

for?

A. Marks, bruises.

Q. Okay.

When you say "marks," what specific types of marks are you referring to?

A. Any.

Q. Any marks, okay.

They were required to observe the unclothed portions of the child's body for these types of marks?

MS. POLIAS: Withdrawn. I want to rephrase it differently.

Q. Were they required to observe the unclothed portions of the child's body for marks?

A. Yes.

Q. Were there any circumstances under which the caseworkers were expected to try to view the parts of the body that were clothed by asking -- having the clothes removed or lifted?

A. You have to repeat that.

Q. Okay.

MS. POLIAS: Can you read it

Rogers

back.

(Record read.)

A. Yes. As I said before, yes.

Q. What circumstances were those?

A. Any case. Every case.

Q. In every case the caseworker was expected to try to have parts of the child's clothing removed or lifted?

A. Um-hmm. We always assess for marks and bruises.

Q. Okay.

Under ACS policy at the time, according to your understanding, what did the caseworker have to do in order to have the clothes of a child removed or lifted?

A. They can usually ask. They usually ask, if there's a parent available, can you lift the clothes, take off their shirt, so I can observe the child for marks and bruises. Different circumstances -- if a child is going to a hospital to be examined at a hospital, they have the child's body checked there, so it depends.

Q. If the child was being observed

Rogers

in the home, did the ACS caseworker have to ask the parents' permission in order to have the clothes lifted or removed?

A. We don't have to.

Q. Okay.

A. But if you're in the home, it's respect. You ask.

Q. Okay.

Were there any circumstances under which the ACS caseworkers were required to get the parents' permission?

A. If we're asking for a child to be taken out of a home to a doctor, yes.

Q. Okay.

A. If there's not imminent safety concerns.

Q. When you say "if there's not imminent safety concerns" --

A. And the parent --

Q. -- what would happen if there were imminent safety concerns?

A. And the parent was not will to comply, then it becomes a removal, so I'm saying if it's not a removal, we ask.

Rogers

Q. It was the practice to ask if the child wasn't in the process of being removed?

A. Right.

Q. Okay.

What was the caseworker supposed to do, under your understanding of ACS policy, if the parent said no, the child's clothes are not going to be lifted or removed?

A. Usually at that time they will call back to the supervisor or the manager for guidance.

Q. Okay.

If a removal was not in the process of taking place, could the ACS caseworker not ask the parent for permission but ask the child for permission?

A. Yes.

Q. Okay.

Are you saying that according to your understanding it was practice to ask the parents' permission before having clothes lifted or removed, but it was not required to ask the parents' permission before having clothes lifted or removed?

Rogers

A. I'm saying -- yes, yes.

Q. All right.

According to your understanding of ACS policy at the time, were ACS caseworkers required to document the marks that they observed on the children's bodies?

A. Yes.

Q. Were they required to document all marks?

A. Yes.

Q. What details about those marks were they required to document?

A. Each person documents different, so I can't -- you know, everybody documents different, so it's kind of hard to say what are you required to document. If you see something, you document it --

Q. Okay.

A. -- so that's the practice.

Q. In what way were they expected to document it? What about the marks were they expected to document?

A. I'm not sure what you mean.

Q. Were they expected to document

Rogers

documentations in Connections; is that correct?

A. Correct.

Q. Okay.

According to your understanding at the time, 2009, when you were in the Grant Square office, did ACS policy mandate that the caseworkers try to take photos of children's bodies under certain circumstances?

A. Certain circumstances, yes.

Q. What circumstances were those?

A. Marks and bruises. Unexplained marks and bruises.

Q. Okay.

If the child explained where the marks and bruises came from, were ACS caseworkers still required to try to take photos of those marks?

A. Marks and bruises, yes.

Q. Did ACS have a policy at the time, according to your understanding, about how the caseworkers were supposed to go about actually doing the photographing?

A. I'm not understanding that

Rogers

question.

Q. Okay. I will rephrase.

According to ACS policy --

MS. POLIAS: Withdrawn.

Q. According to your understanding of ACS policy at the time did the caseworkers have to get consent or permission from the parent before photographing the child?

A. If the parent was available, yes, they can.

Q. Okay.

But they didn't have to; is that correct?

A. Correct.

Q. Okay.

When you were in the Grant Square office in 2009, were there cameras available in the office?

A. Yes.

Q. Okay.

Where were those cameras kept in the office?

A. I believe they were with the office manager.

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Q. Okay.

Who was the office manager at the time that you were the deputy director of operations in the Grant Square office?

A. I don't recall.

Q. Okay.

Do you recall how many cameras there were?

A. I don't recall.

Q. What were the purpose of having those cameras in the office?

A. For pictures of children that were injured, marks and bruises, burns, to use for the records.

Q. What did the caseworker need to do in order to be able to borrow a camera from the office?

A. Request it.

Q. How did they request it?

A. Verbal request it.

Q. Did they have to fill out any forms?

A. I don't recall.

Q. Did they have to request it a

Rogers

certain amount of time in advance?

A. I don't recall that.

Q. How were the caseworkers informed that --

MS. POLIAS: Withdrawn.

Q. How were the caseworkers that were just coming into the office informed that there were cameras available in the office for them to use to document marks?

A. Their supervisors.

Q. Okay.

Was there a limit on the amount of time that they could borrow the camera for?

A. I'm not sure. I doubt it.

Q. Okay.

Do you know who might have the information about the specifics about borrowing cameras from the office?

A. Well, usually the staff knows because they're in and out of the office manager's office.

Q. Okay.

Was the office manager under your supervision?

Rogers

A. No.

Q. Whose supervision was the office manager under?

A. The deputy of admin.

Q. Okay.

Who was that person in the Grant Square office when you were there?

A. I don't recall who it was. I'm not sure.

Q. Who did you report to when you were in the Grant Square office?

A. Jacqueline McKnight.

Q. Okay.

What title did Jacqueline McKnight have at the time?

A. Borough director, assistant commissioner.

Q. Did you report to anybody else besides her?

A. No.

Q. In terms of hierarchy, did you have the highest title in the Grant Square office when you were there?

A. Yes.

Rogers

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Q. Are you familiar with the term
safety assessment?

A. Yes.

Q. What is a safety assessment?

A. It's a document that's required
by the State within seven days to speak to the
safety of a child or children in a home and
any interventions put in place.

Q. Okay.

When you were in the Grant Square
office in 2009, was that document also
required by the State at that time?

A. Yes.

Q. Okay.

Could that document be filled out
on Connections?

A. It's in Connections.

Q. It's in Connections.

With regard to investigation, who
was responsible, at the time when you were in
the Grant Square office, for completing that
document?

A. The worker and the supervisor.

Q. When you were in the Grant Square

Rogers

office in 2009, were there any other documents in Connections that were sent to the State besides the safety assessment from Connections?

A. It's not sent to the State. It's approved in Connections. I don't -- no, I don't recall any documents, but that's a State document -- it's part of Connections that are State and some are local, parts of Connections, so the safety assessment, the determination are both State documents. The other parts of Connections are local, City documents.

Q. Okay.

I'm sorry, besides the safety assessment did you say there was another document --

A. The investigation --

Q. -- that was State?

A. -- determination, those two are State documents.

Q. Okay.

The State has access to those documents --

Rogers

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A. Right.

3

Q. -- in Connections?

4

A. Right, and the notes.

5

Q. And the progress notes as well?

6

A. Right. Those are all the State,
7 right.

8

Q. Okay.

9

When you say "the State," are you
10 referring to the central register?

11

A. OCFS.

12

Q. That's Office of Children and
13 Family Services; is that correct?

14

A. Correct.

15

Q. Are you familiar with the term
16 safety decisions?

17

A. Yes.

18

Q. Okay.

19

What is a -- what are safety
20 decisions?

21

A. Decisions in terms of the
22 elements of -- in terms of how a child is
23 doing, if the child is safe or unsafe, the
24 vulnerability of the child, threat of harm of
25 the child and protective capacity of a child.

Rogers

Q. Were safety decisions in some way related to the safety assessment?

A. Safety decisions are included in the safety assessment.

Q. Okay.

At the time, what were -- what were the different outcomes of the safety assessment?

MS. POLIAS: Withdrawn. I will ask it a different way. I'll go back to that.

Q. Are you familiar with the term risk assessment profile?

A. You mean the RAP?

Q. Yes.

A. Yes.

Q. Was the RAP also in Connections?

A. Yes.

Q. What was the purpose of the RAP?

A. It gives a rating in terms of -- you combine the history -- the prior history with the current dynamics of a family to come up with a rating in terms of risk.

Q. Okay.

Rogers

What were the different possible ratings for RAP when you were in the Grant Square office?

A. Low, moderate, high or very high.

Q. What was the purpose of coming up with a rating?

A. You have to ask the State, but basically it combines the family's history -- synthesizing the history to get an outcome in terms of, you know, is it risk or is it safety in terms of what should you be -- your intervention or safety plan, so it helps to lead the staff in terms of next steps.

Q. Okay.

When you were in the Grant Square office, what was the different between risk and safety, as you understand it?

A. Well, risk is more possibility, looking at the possibility that this may happen, whereas with safety we know that it is occurring. It can be, you know, impending or immediate with safety. Whereas with risk, you know, there's a possibility of it going on to safety, something could happen.

Rogers

Q. Okay.

What were the different possible outcomes in terms of intervention with regard to the risk assessment plan or the RAP?

A. I'm not understanding your question.

Q. Well, you indicated that the RAP -- the purpose of the RAP was to help you to decide on an intervention; is that correct?

A. Correct.

Q. What were the possible interventions?

A. It could be services, in terms of counseling, supportive services for the family. It could be tapping into resources they already have, could be court, could be removal. It could be a whole slew of things to help support the family.

Q. Okay.

What rating would be necessary on the RAP in order to do a removal?

A. Well, remember the RAP is not necessarily done immediately.

Q. Okay.

Rogers

1
2 A. So the RAP doesn't have to guide
3 the investigation, because things can happen
4 at the beginning as opposed to at the point of
5 the RAP.

6 Q. Okay.

7 When was the RAP supposed to be
8 done when you were in the Grant Square office?

9 A. It can be done within the --
10 within 30 days or within 60 days, so it
11 doesn't usually lead the work.

12 Q. Okay.

13 Who was responsible for
14 completing the RAP?

15 A. The worker.

16 Q. Was that with the guidance of the
17 supervisor?

18 A. Yes.

19 Q. One of the interventions that the
20 RAP could lead to is a removal; is that
21 correct?

22 A. Yes.

23 Q. Okay.

24 Was there a specific rating that
25 had to be assessed on the RAP in order to lead

Rogers

to a removal?

A. The RAP doesn't lead the work.

Q. Okay.

A. Sometimes -- like I said, the RAP doesn't lead the work, but it helps in terms of looking at interventions, looking at decisions and safety planning, but it doesn't lead the work.

Q. Okay.

There was not any specific rating that was mandatory in order to have an -- have the intervention of removal; is that correct?

A. Correct, correct.

Q. Okay.

In terms of the safety assessment --

MS. POLIAS: Withdrawn.

Q. In terms of the safety decisions, as part of the safety assessment, were those used when you were in the Grant Square office for assessing what intervention was appropriate?

A. In the safety assessment?

Q. Yes.

Rogers

A. Yes.

Q. How many possible safety decisions were there?

A. I don't recall. I don't do safety assessments. I don't recall.

Q. Okay.

Were there any safety decisions that mandated the implementation of a removal?

A. Can you repeat that.

Q. Sure.

As far as you're aware, as far as you know, were there any safety decision outcomes from the safety assessment that would mandate ACS doing a removal?

A. Yes.

Q. What safety decisions were those?

A. Usually you have -- I can't remember the numbers. You have impending or immediate danger, and usually those would trigger the removal for the staff -- for the supervisor in terms of what was put into it that triggered the immediate or impending danger.

Q. What was impending danger?

Rogers

1
2 A. It's a whole class of things I
3 can give you. You know, child in the
4 hospital, serious injury, another child left
5 in the home could be at risk because of the
6 incident from the other child. There's so
7 much I could...

8 Q. Was there any difference between
9 impending or immediate danger?

10 A. Yes. Impending I'm saying in
11 terms of another child, where the first child
12 is injured, and there's immediate danger for
13 first child, but it's impending for the second
14 child.

15 Q. Okay.

16 A. Immediate is that a child is
17 seriously injured by a parent, and that parent
18 is the primary caretaker for that child.

19 Q. Okay.

20 When you were in the Grant Square
21 office, did you -- was there anything held
22 that was called family meetings?

23 A. Yes.

24 Q. Okay.

25 What was a family meeting?

Rogers

Square office?

A. Yes.

Q. What was your understanding of what constituted corporal punishment when you were in the Grant Square office?

A. Beating a child excessively, leaving marks and bruises that required medical attention, sex abuse requiring a child to need medical attention, abuse being physical.

Q. Okay.

At the time when you were in the Grant Square office, according to your understanding of ACS policy, was physical abuse considered a safety concern?

A. Yes.

Q. Okay.

Was that all types of physical abuse.

A. Yes.

Q. What was the type -- was that the type of safety concern for which a child safety conference would be held?

A. I'm sorry?

Rogers

family and notify them that way or in person
notify them that way.

Q. How much notice were they
required to give them?

A. I don't know if there was a set
time. If it's a safety concern, the notice is
very short.

Q. Okay.
Do you know what the minimum
amount of time was?

A. I don't think there is any.

Q. Okay.
The safety conferences were held
in the office; is that correct?

A. Sometimes off site.

Q. Okay.
Where else off site might they be
held?

A. Like a hospital or a community
place.

Q. Were the caseworkers required to
tell the family that they could bring their
own representative to the child safety
conference?

Rogers

1
2 A. What do you mean
3 "representative"?

4 Q. Were the caseworkers required to
5 tell the family members that they could --
6 they could bring someone for support --

7 A. Yes.

8 Q. -- at the conference?

9 A. Yes.

10 Q. Okay.

11 Were they required to tell the
12 family who those people to provide support
13 would be?

14 A. They would inform them they can
15 bring anyone they want except an attorney.

16 Q. Why was an attorney not
17 permitted?

18 A. Legal representation. It was not
19 a legal forum.

20 Q. What were the possible outcomes
21 for a child safety conference when you were in
22 the Grant Square office?

23 A. No court, court, services,
24 continuing the service that may already be in
25 place, court, court-ordered supervision to

Rogers

broken in some way, was that a circumstance under which the caseworker would be required to try to seek medical attention for the child?

A. It depends on what type of injury it was. It depends on the parents' protective capacity, again. Are they willing to take the child to seek immediate medical care? If it warrants immediate medical care, it's different.

Q. Okay.

Are you familiar with the term immediate response team?

A. IRT.

Q. Does that stand for immediate response team?

A. Yes, ma'am.

Q. Okay.

What is an immediate response team?

A. Usually it's a joint collaboration between the police department, Safe Horizon and ACS.

Q. What was the purpose of an

Rogers

immediate response team?

A. Usually we jointly interview the child to see if there's criminality, and usually Safe Horizon does the medical assessment and supportive counseling for the family, so it's a joint, I guess, intervention with all three disciplines in terms of making sure that the child's needs are met with the services afterwards as well, and the criminal piece is included.

Q. The police department is involved as well?

A. Um-hmm.

Q. You have to verbally answer.

A. I said yes, I'm sorry.

Q. It's okay.

Was that its function back in 2009 when you were in the Grant Square office?

A. Yes.

Q. During that time in 2009 under what circumstances would an immediate response team be involved?

A. If certain criteria, in terms of IRT -- a case being labeled an IRT, so they

Rogers

have certain criterias in terms of what
classifies a report for IRT.

Q. Do you know what those criteria
are?

A. Not all of them, no.

Q. At what point in the
investigation would an immediate response team
become involved?

A. At any stage of an investigation
it can be made an IRT.

Q. Okay.

Could the caseworker call for an
immediate response team to be dispatched?

A. No. They call the IRT
coordinator.

Q. Okay.

Where was the IRT coordinator
located when you were in the Grant Square
office?

A. I believe there was one at Grant
Square.

Q. Do you know who that person was?

A. No.

Q. The IRT coordinator would

Rogers

actually do the work to get -- to get the immediate response team involved?

A. Correct.

Q. When you were the deputy director of operations in the Grant Square office were there any circumstances under which the ACS caseworker or supervisor was required to call the police?

A. You said the supervisor?

Q. Yes, the ACS caseworker or supervisor.

A. Sometimes, yes.

Q. Like in what kinds of times?

A. If they felt the worker is at risk in the field, if there's something going on in the office and they need police intervention, they would call.

Q. If they believe the child that was the subject of their investigation was being physically abused, were they required to call the police?

A. The contact the IRT coordinator, make the report an IRT so that the police would be involved with the investigation.

Rogers

A. Marks, bruises, it varies.

Q. Did you receive any training or instruction at any point on what a mark caused by a belt buckle looks like?

A. We have medical consultants. We consult usually with our medical consultants or doctor to help us understand a mark because we're not experts in that field, so we have medical consultants on site, and we consult usually with a doctor, an expert.

Q. Okay.

Have you ever received yourself any training in what a mark caused by a belt buckle or belt strap would look like?

A. Again, we usually consult with the medical experts or someone who is an expert in that field to help us understand what that mark is and where it came from -- possibilities in terms of where it may come from.

Q. Under what circumstances would you consult with a medical expert or consultant?

A. Usually if we're not sure, if the

Rogers

1
2 explanation is not consistent with the injury
3 or we just need clarity in terms or what it
4 is, how serious it is, things like that, and
5 if it needs a medical follow up.

6 Q. Okay.

7 Are those the circumstances under
8 which you would seek a medical consultant or a
9 medical expert's assistance under ACS policy?

10 A. That's just some of them.

11 Q. Okay.

12 Are these medical experts or
13 medical consultants employed by the City of
14 New York?

15 A. Yes.

16 Q. Do they actually work within ACS?

17 A. Yes.

18 Q. Where are they located?

19 A. Different offices. Each borough
20 has a certain amount at different sites.

21 Q. Did you have any at your site in
22 Grant Square?

23 A. She -- we shared one between
24 another site and our site.

25 Q. What was her name?

Rogers

A. I don't recall.

Q. Was she a physician?

A. No, nurse practitioners.

Q. When you were at the Grant Square office, where were children who had just been removed taken by the caseworkers?

A. Usually to the nursery to see the nurse to get a medical clearance.

Q. Okay.

Where was that nursery located?

A. It's at 2554 Linden Boulevard.

Q. Do you know a person by the name of Geneva White who is a nurse?

A. I don't know the nurse's name.

Q. Is the location of 2554 Linden Boulevard part of ACS?

A. Yes, it is.

Q. What did the caseworker do after getting the medical clearance at 2554 Linden Boulevard?

A. The child goes to placement once medically cleared.

Q. Okay.

Were there any facilities at that

Rogers

punishment?

A. We have determinations. We have definitions in terms of what's excessive, what's this, what's that, but they're general definitions, and, you know, we factor into other things -- we factor other things into our determinations before we make a determination.

Q. Do you know where those definitions could be found?

A. Everybody has a CPG, casework practice guide.

Q. Okay.

When you were in the Grant Square office, according to your understanding did ACS policy require caseworkers or supervisors to speak to the nurse practitioner or consult with the nurse practitioner about any marks that they were concerned about?

A. Can you repeat the beginning part.

Q. Sure.

MS. POLIAS: Could you read it, please.

Rogers

(Record read.)

A. Yes.

Q. Okay.

Are you familiar with the term
indicating report?

A. Yes.

Q. What does that term mean?

A. It means that basically the
worker made the determination that the
allegations were true.

Q. Does that include the allegations
that may have been added to the allegation
list?

A. Some could be indicated, and some
could be unfounded. Depends.

Q. Which allegations are you
referring to?

A. Well, if you have more than one,
you could make a determination -- you make a
determination on each one.

Q. Okay.

A. It's not grouped in. They're
individually -- you know, the determination is
based on each one of them, but an overall --